

Psychogenic Movement Disorders



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KEYWORDS

- Psychogenic • Movement disorders • Tremor • Dystonia • Myoclonus
- Parkinsonism • Tics • Paroxysmal dyskinesia

KEY POINTS

- Psychogenic movement disorders (PMDs) can present with a broad spectrum of phenomenology that may resemble but can be differentiated from organic movement disorders by careful history and examination, sometimes supplemented by ancillary tests.
- PMDs often have an abrupt onset with a rapid progression to maximum severity and spontaneous remissions and exacerbations.
- PMDs share several characteristic findings on examination, such as variability, distractibility, entrainment, and suggestibility.
- Ancillary tests, including functional imaging, electroencephalography, electromyography, and other neurophysiologic techniques, are primarily used in a research setting but may be helpful in some cases where the diagnosis is in doubt.
- There are no evidence-based guidelines for the diagnosis and treatment of PMDs but they may include a multidisciplinary approach involving a neurologist, psychiatrist, psychologist, and physical, occupational, and speech therapist.
- The pathogenesis of PMDs is not well understood but psychological stress and physical trauma often trigger or are associated with the onset of the movement disorder.



Videos of **convergence spasm, psychogenic tremor, psychogenic dystonia, psychogenic myoclonus, psychogenic parkinsonism, psychogenic tics, psychogenic paroxysmal dyskinesia, psychogenic gait, psychogenic chorea, and psychogenic facial spasm** accompany this article at <http://www.neurologic.theclinics.com/>

INTRODUCTION

PMDs represent one of the largest categories of psychogenic neurologic disorders. Traditionally, PMDs have been considered a manifestation of an underlying psychological stressor and have been evaluated and managed by both neurologists and

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psychiatrists. Despite the increasing recognition of PMDs and the considerable distress and disability they can cause patients, family members, and caregivers, physicians are largely unfamiliar with this group of disorders. Often patients are evaluated by numerous specialists and undergo multiple investigations prior to diagnosis, usually at a tertiary care movement disorders center. It is important to keep in mind that patients with a PMD can have a coexisting organic disorder, and distinguishing the 2 within a given patient may be challenging. Early diagnosis and treatment are essential for improving outcomes and reducing socioeconomic burden on patients and society. This review discusses advancing knowledge of various PMDs, including epidemiology, clinical characteristics, ancillary testing, pathophysiology, therapeutic options, and prognosis.

NOMENCLATURE AND DIAGNOSTIC CRITERIA

This review uses the term, *psychogenic movement disorder (PMD)*, acknowledging that there is considerable debate about the appropriate nomenclature. Several other terms have been used in the literature, including *hysteria*, *functional*, *nonorganic*, *medically unexplained*, and *conversion disorder* (Box 1).^{1,2} The authors prefer the term *psychogenic* to *functional* because the latter term seems vague and patients perceive themselves as dysfunctional rather than functional. When the term *psychogenic* is introduced to patients in a sensitive and tactful way and patients are reassured that there is no evidence of neurologic damage, they are more willing to

Box 1

Psychogenic movement disorders terminology

Psychogenic

Although it suggests a purely psychological etiology, it is widely used among neurologists, implying biopsychosocial pathogenesis.

Functional

It does not address disability because patients perceive themselves unable to function (dysfunctional rather than functional).

Nonorganic

“Organic” is not well defined. It implies a nondiagnosis.

Conversion disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders*, it requires an identifiable trigger.

Psychosomatic

In its true intended sense, it implies an interaction between mind and body manifested by multiple physical symptoms.

Medically unexplained

It may become obsolete as better understanding is gained of the underlying pathogenesis. Also it is impractical when conveying the diagnosis to patients.

Dissociative motor disorder

There is a lack of evidence that dissociation is the underlying mechanism.

Hysterical

It suggests a link between symptoms and uterus and carries substantial stigma.

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